



Commissioner for Patents
Washington, DC 20231
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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/624,965	07/25/2000	Colin Louis Masters	9287ZY

FRANK S. DIGIGLIO, ESQ.
SCULLY, SCOTT, MURPHY AND PRESSER
400 GARDEN CITY PLAZA
GARDEN CITY, NY 11530

CONFIRMATION NO. 7006



OC00000009452792

Date Mailed: 01/30/2003

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 12/30/2002.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

A handwritten signature in cursive script that reads "Gloria J. Trammell".

GLORIA J TRAMMELL
1600 (703) 308-4277

OFFICE COPY



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09/624,965	07/25/2000	Colin Louis Masters	9287ZY

FINNEGAN, HENDERSON, FARABOW, GARRETT
AND DUNNER, LLP
1300 I STREET, N.W.
WASHINGTON, DC 20005-3315

CONFIRMATION NO. 7006



OC000000009452766

Date Mailed: 01/30/2003

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 12/30/2002.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

Gloria J. Trammell
GLORIA J TRAMMELL
1600 (703) 308-4277

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Bib Data Sheet

CONFIRMATION NO. 7006

SERIAL NUMBER 09/624,965	FILING DATE 07/25/2000 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 9287ZY
APPLICANTS Colin Louis Masters, Clifton Hill, AUSTRALIA; Ashley Ian Bush, Boston, MA; Konrad Traugott Beyreuther, Heidelberg, GERMANY;				
** CONTINUING DATA ***** This application is a CON of 08/757,537 11/27/1996 ABN which is a CON of 08/240,720 09/16/1994 PAT 5,705,401				
** FOREIGN APPLICATIONS ***** AUSTRALIA PK9438/91 11/12/1991 AUSTRALIA PL3374/92 07/08/1992				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 10	TOTAL CLAIMS 10
INDEPENDENT CLAIMS 3				
ADDRESS FRANK S. DIGIGLIO, ESQ. SCULLY, SCOTT, MURPHY AND PRESSER 400 GARDEN CITY PLAZA GARDEN CITY, NY 11530				
TITLE Method for treating alzheimer's disease				
FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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